



INSTRUCTION LETTER - REGARDING THE MEMBER'S RESPECTIVE MODULE/WEEK ANNUAL ARRANGEMENTS REGARDING OCCUPATION, UPDATE OF PERSONAL INFORMATION AND										
		PAYMENT	INSTRU	CTIONS						
I / WE, the various persons listed below (hereinafter referred to as "we") confirm that we have carefully perused this document and request the <i>Managing Agent</i> to update our information regarding our portfolio as provided herein and furthermore we herewith require the <i>Managing Agent</i> to give effect to our instructions as stipulated herein:										
1.	PERSONAL INFORMATION UPDATE									
1.1	Name(s)	and Surname (or) Company Name:								
1.2	Identity	 No(s) (or) Company Reg No:								
1.3	Telepho	ne Number(s): (H) ()		(W) ()						
1.4	Cell pho	ne number(s): 1	1. 2.							
1.5	Fax Num									
1.6	E-mail(s): 1		2						
1.7	Physical	(Residential) Address:								
				Coc	le:					
1.8	Postal A	ddress:		Со	de:					
2.	DETAILS	OF TIMESHARE MODULE(S)/WEEK(S)								
2.1	Resort(s):	_ 2.3	Unit(s)/Chalet(s):						
			-							
2.2	Module(s)/Week(s): 2.4 Membership No(s):									
			-							
3.	enable the managing agent to give effect to your occupation instructions for the year 2020 regarding the relevant timeshare week(s)/module(s). <i>Please note:</i> All <i>space bank</i> requests must be submitted at least 120 days prior to occupation date.					(Specify)				
3.1	3.1.1	We will occupy the timeshare module/week.								
	3.1.2	We authorise the person(s), with further detail respective module/week.								
	3.1.2.1	Name(s) and Surname:								
	3.1.2.2	Identity No(s):								
	5.1.2.2	<u></u>								
	3.1.2.3	Contact phone No(s):								
	012.2.10			·····						
3.2	3.2.1	Kindly bank our module/week with VRS Option	ns.							
	3.2.2	Kindly bank our module/week with RCI/DAE: (Member n	o:)						
3.3	3.3.1	Kindly place our module/week up for Rental w	ith GoMel	0.						
	3.3.2	Kindly place our module/week up for Rental w this option available).	ith the Re	sort (If the respective Resort has						





4.	PAYMENT INSTRUCTIONS	Option(s)	Module(s)				
	Please select a payment option below and <i>tick the corresponding box</i> , advising our offices how you		/ Week(s)				
	intend to settle the following year's levies. Kindly also complete the relevant supporting documentation and forward same to our offices together with this document.	(Tick)	(Specify)				
4.1	We are going to settle the annual levy by paying it in a once-off payment.						
	(Kindly complete annexure "A")						
4.2	We are going to settle the annual levy by paying it off in instalments via Debit Order.						
	(Kindly complete annexure "A")						
5.	VERIFICATION We hereby confirm that we are the registered holders of the <i>timeshare module(s)/week(s)</i> stated above. We confirm that the information contained herein are both true and correct. We hereby authorise the <i>Managing Agent</i> to do the necessary to give effect to our instructions.						
6.	SIGNATURE						
	This document is signed at on the day of		_ 20				
	Member(s) 1 2						
	Spouse/Partner 1 2						
7.	NOTE:						
PLEA	SE RETURN FULLY COMPLETED AND SIGNED INSTRUCTION LETTER, ANNEXURE A, IF APPLICABLE, TO						
EMAIL: propertyadmin@vrs.co.za							
<u>FAX: 012 996 0556</u>							





ANNEXURE "A" - DEBIT ORDER AUTHORISATION (LEVIES)

A. Authority Given by (Name of Account Holder):	
Address:	
Bank	Code:
Branch and Code	
Account Number	
Type of Account	
Amount:	R, which amount may vary from time to time in accordance
	with the Agreement.
Date	(/)
To (Name of Beneficiary): Abbreviated Name as Registered with Beneficiary's address:	Vacation Recreational Services (Pty) Ltd he Bank: VRS Mooikloof Office Park East, Cnr Atterbury and Jollify Main Road, Mooikloof Pretoria

This signed Authority and Mandate refers to our contract dated ___/_/ ("the Agreement") and which debit order amount may vary from time to time in accordance with the Agreement.

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account at my/our above-mentioned Bank (or any other Bank or Branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on ____/___/____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and send by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force. If such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this authority and Mandate cannot be assigned to any third party.

Signed at	on this	day of	20
(Signature as used for operating on the account)		(Assisted By)	
E. Agreement Reference Number			

This Agreement reference/contract number is: (Member number) __________ which a copy of the contract was provided to yourself on date of sale.

_ for your membership number,